

POSITION	INITIALS	ID NC.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	82	5C3-883	10-22-01
<b>RESPONSE FORMALITY REVIEW</b>	HC	712	03-22-02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	N	
12	✓	N	
13	✓		
14	✓	N	
15	✓	N	
16	✓	N	
17	✓	N	
18	✓	N	
19	✓		
20		N	
21		✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/22/02